

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		<b>Application Number</b>	10/671,207
		<b>Filing Date</b>	September 25, 2003
		<b>First Named Inventor</b>	Michael E. O'Donnell
		Group Art Unit	1652
		Examiner Name	Richard G. Hutson
Total Number of Pages in This Submission	46	Attorney Docket Number	22221/1190 (RU-339)

<b>ENCLOSURES (check all that apply)</b>			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (\$_____) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (\$_____) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement (\$_____) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Notice to File Missing Parts/ Incomplete Application (\$_____) <input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition (\$_____) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer (\$_____) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (\$_____) <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Check in the amount of \$_____ <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Exhibits 1-3 (36 pages)	
			<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>
			<input type="checkbox"/> Drawing(s)
			<input type="checkbox"/> Declaration and Power of Attorney
			<input type="checkbox"/> Licensing-related Papers
			<input type="checkbox"/> Petition (\$_____)
			<input type="checkbox"/> Petition to Convert to a Provisional Application
			<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
			<input type="checkbox"/> Terminal Disclaimer (\$_____)
			<input type="checkbox"/> Request for Refund
Remarks			
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge all fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.			

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm <i>or</i> Individual name	Edwin V. Merkel Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1128 Fax: (585) 263-1600	
Signature	/Edwin V. Merkel/	
Date	July 31, 2006	
Registration No. 40,087		

<b>CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]</b>		
I hereby certify that this correspondence is being:		
<input type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop _____, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450		
<input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____.		
_____ Date		_____ Signature
_____ Typed or printed name		